

Complaint, Health Hazard / Injury to Premises Landlord-Tenant

(Form DC 102b)

STATE OF MICHIGAN JUDICIAL DISTRICT	COMPLAINT HEALTH HAZARD, INJURY TO PREMISES Landlord - Tenant	CASE NO.
Court address		Court telephone no.

Plaintiff name(s), address(es), and telephone no.(s)
Plaintiff's attorney, bar no., address, and telephone no.

v

Defendant name(s) and address(es)

The plaintiff states:

1. Attached to this complaint is a copy of the lease or occupancy agreement, if any, under which possession is claimed, and a copy of the notice to quit or demand for possession showing when and how it was served.
2. The owner of the property described in the attached notice to quit is: _____
Name (type or print)
3. The defendant is in possession of the following portion of the property: _____

4. The plaintiff has a right to possession of the property because the defendant has caused serious and continuing **health hazard** or an extensive and continuing **physical injury to the premises**:

State the exact nature and extent of the hazard or injury, and state the period of time that is has continued

- ☐ 5. (If applicable) The tenancy involves regulated housing operated by or under rules of a governmental unit. The rule or law under which the tenancy is ended is _____.
- ☐ 6. (If applicable) Plaintiff declares that this residential property was kept fit for the use intended and has been kept in reasonable repair during the term of the lease.
7. The defendant has not complied with the demands made and has not moved.
8. Plaintiff asks for a judgment of possession and costs and asks the court to issue an order to evict the occupants.
- ☐ 9. The plaintiff demands a jury trial.
- ☐ 10. There is no other pending or resolved civil action arising out of the same transaction or occurrence alleged in this complaint.
- ☐ 11. A civil action between these parties or other parties arising out of the transaction or occurrence alleged in this complaint has been previously filed in _____ Court. The docket number and assigned judge are:

The action ☐ remains ☐ is no longer pending.**SUPPLEMENTAL COMPLAINT**

- ☐ 12. (If applicable) Complaint is made and judgment is sought for money damages against the defendant as follows:

I declare that the statements above are true to the best of my information, knowledge, and belief.

Date _____

Plaintiff/Attorney signature _____

Approved, SCAO

Original - Court
1st copy - Tenant
2nd copy - Mailing
3rd copy - Landlord

STATE OF MICHIGAN JUDICIAL DISTRICT	COMPLAINT HEALTH HAZARD, INJURY TO PREMISES Landlord - Tenant	CASE NO.
--	--	-----------------

Plaintiff name(s), address(es), and telephone no.(s)

v

Defendant name(s) and address(es)

4. Continued.

12. Continued.